

MISSOURI PUBLIC SERVICE COMMISSION

June 22, 2007

Case No. GC-2007-0488

General Counsel's Office
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

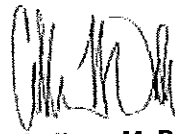
Lewis R. Mills, Jr.
P.O. Box 2230
200 Madison Street, Suite 650
Jefferson City, MO 65102

Donald Garner
Donald Garner
6431 Hobart Avenue
St. Louis, MO 63133

Laclede Gas Company
Legal Department
720 Olive Street
St. Louis, MO 63101

Enclosed find a certified copy of a NOTICE in the above-numbered case(s).

Sincerely,



Colleen M. Dale
Secretary

7004 1350 0003 1351 6490

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total \$	Laclede Gas Company
Sent To	Legal Department
Street, P.O. Box,	720 Olive Street
City, Sta.	St. Louis, MO 63101

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

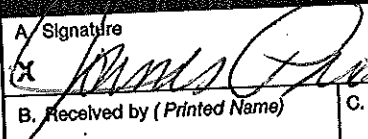
Laclede Gas Company
Legal Department
720 Olive Street
St. Louis, MO 63101

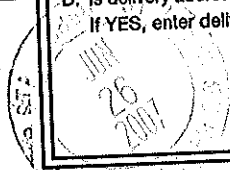
2. Article Number
(Transfer from serv.)

7004 1350 0003 1351 6490

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		



102595-02-M-1540

MA